



PRESENTING CLINICAL SIGNS

DATE

1/12/22

History: Had a seizure-like episode this morning that lasted ~30 seconds. Afterwards, was weak, ataxic, and unable to walk. History of a heart murmur, now grade 4/6. Sounds congested, increased abdominal effort to breathing. Radiographs show a moderate bronchointerstitial pattern caudodorsally, a mild bronchial pattern. No cardiomegaly noted.

ELECTROCARDIOGRAPHIC FINDINGS

PERFORMED BY:

Kelly Reschny

A single lead ECG is submitted for review.

HR: 158 bpm
Rhythm: Sinus

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

Sinus tachycardia is present throughout this recording. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.

ASSESSMENT/RECOMMENDATIONS

PATIENT

Melody Rowe

Melody's ECG demonstrates no evidence of a pathologic arrhythmia. As such, reason for her seizure-like episode is appreciated in the image set. If syncope, rather than seizure, occurred, it's still possible that Melody could be experiencing an intermittent arrhythmia, though vasovagal syncope, cardiac dysfunction, and pulmonary hypertension should also be considered as possible causes.

SPECIES

Canine

No therapy is recommended based on Melody's ECG.

A Holter and/or event monitor can be considered if Melody experiences additional episodes.

BREED

Havanese

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SEX

FS

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

AGE

12 y

Keith Blass, DVM, MS, DACVIM (Cardiology)
KeithBlass@gmail.com
631-804-5754

WEIGHT

4.7 kg

HOSPITAL NAME

Beattie PH Burlington

REFERRING VET

Dr. Ruggieri